The special accention of rhysicians is nespectating invited to the Kemarks below, and to list of Diseases on Back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 99240 Office of Registrar of Vital Statistics
The Physician who attended any person in a last illness, is responsible for the presentation of this Conficate, accurately to the Undertaker or other person superintending the burial, within twenty-four nours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate. 15
CERTIFICATE OF DEATH MORE
Date of Death, April 12 - 1887D
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Meich. Fergussions
Sex, Male or Femate, { Cross out the word not } required in this line. }
Age, 45 650 Years, Months, Days
Color, Mat.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
D. P. of D. J. C. of D. D. D.
Place of Death, {Give Street and } Patrol Wagon (Cent. Dist.)
Place of Death, {Give Street and } Patrol Wagon (Ent. Dist.) Cause of Death, {First (Primary), Heart Disease (Valuallar) Second (Immediate),
Duration of Last Sickness, Justant de atte
Place of Burial, & Scel Cometery
Date of Burial, April 15 788 A Her ander M. D.
SUndertaker, See, Cullicul Medical Attendant.
Place of Business, Haallh Defel Address, Colonel e
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wit wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as father same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cand date of death.

Place of Business, 594

- and opposite accounted of Physicians is nospectivity invited to the Kemarks below, and to list of Diseases on back of this tertificate
Bealth, Department, City of Baltimore.
Permit No. 9924 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATHER 15
Date of Death, This 142 83 Full Name of Deceased, Sorrectly. If an Infant not parents of parents of parents of parents of parents.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Days
Color, Which
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and 7 h. Liberty To
Cause of Death, { First (Primary), Morbilli maligni Second (Immediate), Panalyrir condit
Duration of Last Sickness, /o day All the above information should be furnished by the Physican.
Place of Burial, Belt Cer
Date of Burial, April 10 10 10 10 10 10 10 10 10 10 10 10 10
(The destate of the of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Eurial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

rae opecial attention of physicians	is respectivity invited to the Re	emarks delow, and to list of t	diseases on dack of this Certificate
Health	Department,	City of Ba	iltimore. 19
Permit No.99242	Office of Registrar		
o the Undertaker or other person sequested so to do, under penalty of	superintending the burial, within	twenty-four hours after the de	MAKARTE
CER	TIFICATE	OF DEA	THAPR 15 1837
Date of Death,		pril 14	1887
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	becca bl	ark
Sex, Male or Female, (Cross required)			w
Age, 76	Years,	Months,	Days.
Color,		Huse	
Married, Single, Widow o	r Wildower, {Cross out the word required in this lin	ls not }	
Occupation,	(f)	1	The state of the s
Birth Place, State or country, an long in the United if of foreign birth.	d how States, Dalling	ore loo med	
Duration of Residence in	the City of Baltimore,		600
Place of Death, Give Street an Number.	a) 2/37 M	Atte aver	me
Cause of Death, $\left\{egin{array}{l} ext{First (Prince)} \ ext{Second (I)} \end{array} ight.$	mary), Afold	lexy	
Duration of Last Sickness All the above information should be		u Stour	
Place of Burial, oud	w tark ber	nto	
Date of Burial, Copil	16484)	- In 1	11.
(Undertaker, Olivo	into mowen	- vone	Menas M. D.
Place of Business, 2/3	- Part ave so	dress, Oan	JA X OC
Extract from Regulations of the	Board of Health to secure a		of the Vital Statistics in the
Section 2. And be it further the Physician who attended during wenty-four hours after the death, to he same can be ascertained, the full and date of death.	macted and ordained, That whene his or her last sickness, or the the Undertaker or other persons	ever any person shall die in the Coroner, when the case comes a superintending the Burial, a	certificate setting forth as far as

Beaun Beharimeni, Girg of Banimore.
Permit No. 99243 Office of Registrar of Vital Statistics. Ward 15
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased. Or see the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased.
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
neperson
CERTIFICATE OF DEATH
Date of Death, April 14th 1887 APR 15 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, about 42 Years, Months, Days.
Color, Black-
Married, Single, Widow or Widower, {Cross out the words not } required in this line. }
Occupation, House Wife
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, about 26 Jears
Place of Death, {Give Street and } //3 West Jorg -
(First (Primary), Probable Hrark Disease -
Cause of Death, Second (Immediate), Lyncope
Duration of Last Sickness, about an hour or ho-
Place of Burial, Jawrif Carnterns
Date of Burial, Hepril 17/889 Alflannery W. D.
(Undertaker, Hercules / toss / Commendant
De & Dim 1/2/19 1/2/1000 1701 Dr. Hill are

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within anyty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and late of death.

of Bultimana

Place of Business,

тао врооны жессионов от гнувники	s is nespectally invited to the	e Kemarks below, and to	List of Diseases on back	of this Certificate
	Department			e
Permit No. 99244	Office of Registr	ar of Vital S	tatistics. Wa	erd /3 -
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	any person in a last illness, is superintending the burial, wit	responsible for the prese hin twenty-four hours aft	ntation of this Certificater the death of said de	teased or sooners
	TIFICATI		EALH.	15 1607
Date of Death,		Upril	14 the	187
Full Name of Deceased, $\Big\{$	Write legibly and spell correctly. If an Infant not named, give names	Millie	Allen!	a
Sex, Male or Female, { Crost required	ss out the word not }	male		
Age,	Years, 4	Mont	hs,4	Days.
Color,		Goland		
Married, Single, Widow	www. Widower, {Cross out the required in the	words not } In	right)	/
Occupation, 12	m	dasta	to short brushes of	
Birth Place, State or country, as long in the United if of foreign birth.	nd how, States, Bu	ltimore	9	
Duration of Residence in	the City of Baltime	re, Life		
Place of Death, Give Street as Number.				ut
L'ango of Hoath	imary), Whi	0		
Duration of Last Sicknes	88,	4 Mech	1	
Place of Burial, Sheer	of It beene	tery-1		
Date of Burial, afair	1 16 1 /97	James	ASterna	3 M. D.
(Undertaker, H	1 dy		-	AND THE PARTY OF T

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 99245 Office of Registrar of Vital Statistics. Ward 0 1
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
/A ALT
CERTIFICATE OF DEATH.
01° (1700 / 8 8 1000
Date of Death, Write legibly and spell) he has E
Full Name of Deceased, Write legibly and spell or many E hevely of parents.
Sex, Male or Female, {Cross out the word not }
Age, about 30 Years, Months, Days.
Color, Bunlatto
Married, Single, Widow or Widower, {Cross out the words not }
1 1 1 2 3 2
Occupation, fundress Beltionne
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 121 6 kms will
(First (Primary), Phthresso Pulmumouleu
Cause of Death, \{
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Samel beneter
Date of Burial, 8/ 15-1827-) (11)
M. D.
S Undertaker, Medical Attendant.
Place of Business, To Cash Address, Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and orderined, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Manus.	
Permit No. 9924/1 2004 10	office of Registran String of Baltimes
m / / - / · ·	Office of Registrar of Vital Statistics.
if requested so to do, under penson superintending the l	burial, within treents of the presentation of this Co.
No Permit for Burial Can	ness is responsible for the presentation of this Certificate, occurately so the Obtained Without a Proper Certificate. Description of Registrar of Vital Statistics.
CERTIFIC	DERARD
Date of Death, Wish 13	TE PENTE
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Sex, Male or E	0 88/
Sex, Male or Female, Cross out the word not required in this line.	paciel Weeks MORE
Age, 4 (required in this line.)	
Age, 14 Years, Color, Mulatto	Months.
Married, Single W.	The state of the s
Married, Single, Widow or Widower, Cross out the Occupation,	this line.
Birthplace, {State or Country and how long in the United States, first foreign birth.	
Duration of Residence in the City of Baltimore,	
Place of Death, Give street and Jay	
	derling sh
Cause of Death, First, (Primary.)	ruble Phen,
Second, (Immediate.)	e authorice
Duration of Last Sickness, All the above information should be furnished by the Physician.	e don
Place of Burial Larrel Comeley)
Date of Burial, April 15 -1887	0 1 0
Undertaker, mmadra	a, Zn, 13 gel, M.D.,
Place of Business, 46 East of	
	Address, 1010 Cathedrest
Extract from Regulations of the Board of Health to Secure a Full	
Extract from Regulations of the Board of Health to Secure a Full a Section 2—And be it further enacted and ordained, That when within forty-eight hours after the death to the Health sickness, or the	one Correct Record of Vital Statistics in the City of Baltimese
SECTION 2.—And be it further enacted and ordained, That when of the Physician who attended during his or her last sickness, or the within forty-eight hours after the death, to the Undertaker or other per ause and date of death, except in cases of births and deaths of illegiting the second state of the second	nd Correct Record of Vital Statistics in the City of Baltimore, never any person shall die in the said city, it shall be the duty rsons superintending the burial a Correct to furnish
is the same can be ascertained, the death, to the Undertaker or other persuse and date of death, except in cases of births and deaths of illegiting	(whether married or single) of the person deceased, and the
	[OVER.]

(Undertaker, &

Place of Business, hol. Orc.

The Special Attention of Physicians is kespeculally invited to Mepartment, City of Baltimore. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate are to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decertificates to do, under penalty of law.

RO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 14 KY & MOR Date of Death,... $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant} \ ext{not named, give names} \ ext{of parents.} \end{array}
ight\}$ Sex, Male or Female, (Cross out the word not) Months. Days. Age, Color, Married, Single, Widow or Widower, {Cross out the words not } Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,... Place of Death, {Give Street and } Cause of Death, $\begin{cases} \text{First (Primary)}, & \\ \text{Second (Immediate)}, \end{cases}$ Convulsions Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Samel Genely Benj Zi Bohner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Bealth Department, City of Baltimore.
Permit No. 99248 Office of Registrar of Vital Statistics. Ward 18"
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filler out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soor cr. requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATHARR 15 1887
Date of Death, April 14 7 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Ser Male on Female (Cross out the word not)
Sett, Intel 07 Torrect, (required in this line.)
Age, 46 Years, Months, Days.
Color, Thele
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Florest - '
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 435
Place of Death, {Give Street and } May 122 Calculate Ar.
Cause of Death, { First (Primary), Supposed Carcinoma of Second (Immediate), Supposed Carcinoma of Second (Immediate),
Duration of Last Sickness, M. Bed 2 months
Place of Burios Gudon Tarx Eucer
Date of Burial, Off (61887) DO 9 14. Toll
Undertaker Clekner Trus Medical Attendant.
Place of Business, 221 Cutaw & Address, 15-2 Sharp &
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

on value of this certificates

Bealth Bepartment, City of Baltimore. Permit No. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. Days. Age, Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation,... Ball: Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and $Death, \begin{cases} First (Primary), \end{cases}$ Second (Immediate),... Duration of Last Sickness,... All the above information should be furnished by the Physical Place of Burial, Loredon Date of Burial, /3 (Undertaker, Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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